	HAMILTON COUNTY SUBDIVISION REVIEW SHEET
SUBDIVISION NAME:	
consideration. Plans must be subm signatures, with the exception of th	ew plans prior to submitting the subdivision plat to the Hamilton County Commissioners for nitted to said officers at least ten (10) days prior to the next Commissioners meeting. All review sheet the Auditor, must be submitted to the Auditors office by Wednesday noon on the week prior to the the twill be removed from the Commissioners' agenda without notice. Submission to the auditor by fax is
subdivision is within a planning juri	or Plan Commission President must be obtained prior to the Commissioners' approval when the sdiction. The subdivider is responsible to insure compliance with all laws, rules and regulations. The Hamilton County officials are not to be considered warranties or guarantees of compliance.
The owner(s) of the real estate sou according to my records. I have ap	ught to be planned isproved said plat and street names per I.C. Code 36-7-4-700.
Dated:	Tax Mapping Department Head
	at and construction documents submitted and recommend (approval)(disapproval). The following
	\$
	\$ <u> </u>
	\$ <u> </u>
Dated:	Hamilton County Surveyor:
I have reviewed the subdivision plathe following bonds:	at and construction documents submitted and recommend (approval)(disapproval). Subject to posting
	\$
	\$
	\$
·	Hamilton County Highway Engineer:
•	at and construction documents submitted and recommend (approval)(disapproval).
Dated:	
	at and construction documents submitted and recommend (approval)(disapproval). Approval does no s the analysis of each lot and any other requirements by the Health Department for on-site sewage
Dated:	Hamilton County Sanitarian:
I have reviewed the subdivision pla	at and construction documents submitted and recommend (approval)(disapproval).
Dated:	Hamilton County Attorney:
I have received a Cost Schedule for	or each Lot and Common Area.
Dated:	Hamilton County Assessor:
I have reviewed the subdivision pla	at and street names submitted and recommend (approval)(disapproval).
Dated:	Sheriff's Office 911 Address Coordinator:
	100.00 per plat submission was received on:
Company Name:	
Check Number:	
Dated:	Hamilton County Auditor:

Revised 1/4/05

Submit completed form to the Hamilton County Auditor with the \$100.00 fee